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workhouses neither admit of due classification, employment, nor amusement; the attendance of paupers acting as keepers is most inefficient; the harmless lunatics, intermixed with the paupers, become objects of derision and attack on the part of the young and idle, producing dangerous irritation and excitement. It is obvious that the workhouses are wholly unfitted for the permanent reception of the insane, unless there were added in each of the 130 unions a lunatic asylum, with all its characteristics of moral and medical superintendence—a proposition wholly inadmissible on grounds of economy, as well as from other objections already stated. The expenses in salaries alone, Dr. Phelan estimates at no less a sum than 28,000*l.* per annum, exceeding the actual cost of maintaining nearly 2,000 lunatics in the seven most considerable asylums in Ireland.

State of Public Medical Relief in Ireland. By Dr. BULLEN, Jun.

[Read before the Statistical Section of the British Association at Cork, August, 1843.]

THE institutions in Ireland receiving grants of public money for the relief of the sick, are distributed into three classes—dispensaries, fever-hospitals, infirmaries.

Dispensaries.

	No.	Subscriptions.			Grand Jury Presentments.			Total.		
		£.	s.	d.	£.	s.	d.	£.	s.	d.
	620	34,727	14	1½	34,332	15	11½	69,060	10	1

Free Hospitals.

No.	Subscriptions.			Grand Jury Presentments.			Total.			No. of Intern. Patients admitted.	Proportion of Intern to Population.
	£.	s.	d.	£.	s.	d.	£.	s.	d.		
91	7,168	9	8½	22,072	15	2	29,241	4	10½	36,984	1 to 209½

Infirmaries.

No.	Subscriptions.			Grand Jury Presentments.			Parliamentary Grant.			Miscellaneous.			Total.		
	£.	s.	d.	£.	s.	d.	£.	s.	d.	£.	s.	d.	£.	s.	d.
40	2,877	6	4	25,362	4	7	3,172	8	2	8,655	11	9	40,067	10	10

		No. of Intern Patients.	Proportion of Intern Patients to Population.
		18,337	423½ to 1

	Number of Intern Patients admitted.			Total.	Died.
	From within 5 Miles.	From between 5 to 10 Miles.	From beyond 10 Miles.		
Fever Hospitals . .	33,870	5,790	2,034	41,694	2,579
Infirmaries . . .	10,457	4,562	970	18,989	866

The description of relief given by the dispensaries is entirely *Out-door*. The medical attendant visits the sick in their own houses, when they cannot attend at the dispensaries, and supplies the medicines and remedial agents. Domiciliary visits are not paid by the medical officers of infirmaries, but extern patients are prescribed for who attend at the hospitals, so that a considerable portion of the funds of the infirmaries are applied in giving out-door medical relief. The number of medical institutions for giving *In-door* medical relief, is seen to be 131.

	£.	s.	d.
Cost in subscriptions and county presentments	69,308	15	8½
Cost of giving out-door relief	69,060	10	1
Total cost of public medical relief	£138,368	5	9½

Taking the population of Ireland to be nearly 9,000,000, the amount expended upon giving *In-door* medical relief is 7,700*l.* 12*s.* 9*d.* to one million. In France with a population of 30,000,000, there are 1329 hospitals for giving in-door relief, which cost annually 2,048,882*l.*, or about 68,000*l.* for the medical relief of each million of inhabitants.

In England, the amount of medical relief given under the poor law, costs 139,000*l.*; while the cost of voluntary medical relief may be estimated at 800,000*l.*; making a total of 939,000*l.*

The greater part of the public medical attendance provided for the sick-poor in Ireland, is given by the dispensaries. As a means of effectually curing the diseases of the poor, and by restoring them speedily to a state of health, thereby diminishing the extension of pauperism caused by sickness, *out-door* or dispensary relief is the most inefficient. The registration of patients is so very loosely kept, that it is impossible to ascertain the actual numbers relieved; but the same individuals are frequently registered several times, and in some districts the numbers returned as patients exceed the inhabitants of the districts.

The distribution of dispensaries is very defective. In some districts they are crowded together. In others, large portions of the country, with a dense and poor population, are left entirely without any such establishments. As the description of relief afforded by the dispensaries is confined to medicine, the proper treatment of patients is, in the great majority of cases, almost impossible, on account of the want of sustenance, drinks, and various salutary appliances, which in most instances are more truly valuable than pharmaceutical agency.

The revenues for the support of the dispensary are partly voluntary subscriptions and grand jury presentments. By referring to the table it will be seen that the subscriptions bear very nearly the same proportion to the grand jury grants, and that the voluntary subscriptions for *out-door* medical relief, exceeds by more than three times the voluntary subscriptions for providing *in-door* sick relief. By making the public

grant for the support of dispensaries contingent upon the amount of voluntary subscription, a serious and painful obligation is imposed upon the medical attendant to keep up the funds of the institution, by begging for subscriptions. Many subscribers look upon the subscription as a benefit conferred upon the medical man, who in return is obliged to give medicine and attendance to persons well able to pay for it, and to expend upon them the monies which ought to be given to the poor.

Were the dispensaries maintained by funds exclusively voluntary, it would, perhaps, be both just and reasonable, that persons subscribing largely for their support, should make terms with the medical attendant for private attendance, but such a principle is most mischievous, when funds derived from public sources, are subjected to a voluntary administration over which the law does not provide any proper control. The present dispensary system is to all intents and purposes perverted into a provision for giving to the wealthier inhabitants of the rural districts cheap and efficient professional assistance, and charging a large proportion of the cost upon the public revenue. It is a system prejudicial in the highest degree to the independence of the medical profession, and to their material interests.

It may be assumed that in this country, where poverty and distress are so extensive, only one person in every ten is able to pay a reasonable price for the services of a physician, or an apothecary; and it has been pretty well ascertained that in communities more favourably circumstanced than the people of Ireland, 30 per cent. of the inhabitants are annually attacked by illness, and 3 per cent. are constantly sick. The population of Ireland being more than 8,000,000 (nearly 9,000,000). More than 2,000 000 are annually sick. The largest amount of indoor sick relief has been only for 60,683, and even that amount of relief has, within the last year, decreased nearly 30 per cent.

In this statement there is no reference to the number of sick persons under medical treatment in the workhouses. It seems to have been a guiding principle in constructing and allocating the workhouses throughout the country, to make them especially unsuited for medical establishments. Nearly *two* millions of money are in course of being expended in the erection of buildings, which if the workhouse experiment should eventuate in failure, will remain as isolated monuments to puzzle posterity, like the round towers of Ireland. From the reports, however, in the public papers, it would appear that a considerable number of the inmates of the workhouses are returned as being under medical treatment. Such a circumstance must naturally be expected, on account of the very many destitute and sick persons, who are of necessity, daily refused to be admitted into the infirmaries. But it must ultimately be pernicious to accumulate diseased persons in buildings and localities not suited for such purposes, for the sick cannot receive proper benefit, and serious injury must accrue by mixing the diseased with the classes of persons contemplated by the law as inmates for the workhouses.

In determining the system of public medical relief for Ireland, it is a serious question to define to what classes of persons the benefits of such relief should be extended. The claims for public relief on the grounds of destitution, must be submitted to the most rigid test, in order to guard the funds from being squandered upon improper objects. With regard to disease, however, there is not much danger of fraudulent misrepresentation. Few persons will simulate disease, and subject themselves to

medical treatment for the mere purpose of getting relief, and the discrimination of the medical attendants must always operate against the prevalence of any such abuse. Amongst a population so singularly circumstanced as that of Ireland, a well organized system of public medical relief, administered upon a liberal and comprehensive principle, would be found one of the most efficient means of checking pauperism, and promoting the domestic and social condition of the poorer classes. *Out-door*, or dispensary medical relief is defective in not supplying any remedial agency which may assist medical treatment, and diminish the heavy expenditure which the sickness of any member of a family always entails. A small farmer who is scarcely above pauperism, a labourer, or an artisan will be reduced to a state of utter destitution in consequence of fever coming into the family, or any other serious and continued disease attacking the individuals upon whose labour the support of the family depends. Individuals, so circumstanced, will refrain from seeking public relief, if the acceptance of it should degrade them to the rank of paupers. The hospitals connected with the workhouses are generally well regulated, but strong prejudice exists in the minds of the people against entering them, because they consider there is something ignominious attached to receiving workhouse relief in any shape. There is no objection to going into the fever hospitals and infirmaries. On the contrary, the sick poor express themselves grievously disappointed when, from the want of sufficient accommodation, they are refused admission. The term "pauper relief," should not therefore be applied to that description of public relief provided for the sick, for sickness gives a claim upon public charity, which the healthy and able-bodied cannot urge. Thus the PRINCIPLE of the Poor Law, which degrades the recipient of relief to a pauper, cannot be made the groundwork of public medical relief in Ireland; and yet the fiscal and administrative machinery of the Poor Law, offers the most complete and effective means of giving immediate effect to a system of public medical relief which would produce the most beneficial effects upon the sanatory and domestic condition of the poor.

The new Poor Law, in as far as it may be made available for the purpose of public medical relief, must be considered in two points of view:—First, as a financial measure for levying a general tax; secondly, as affording an executive administration for giving that description of relief, and creating and maintaining that particular class of institutions which circumstances require. The Grand Jury cess is paid exclusively by one interest—the occupier; but the Poor Rate is paid in equitable proportions by the landlord and tenant. The subjoined table shows the rates for medical relief, as raised upon the Grand Jury valuation, and what they would be charged, if raised as Poor Rate in the borough of Cork.

1840

Amount raised by Grand Jury Presentment.	City Treasurer's Valuation for Apportionment of Rates, £112,733.	Poor Law Valuation for City Wards, £222,577.	Amount of Subscriptions.	Total Cost of Medical Charities.	Rate per £, according to Treasurer's Valuation.	Rate per £, according to Poor Law Valuation.
£3,122	6½d.	3½d. Occupier 1¾d.	£961	£4,083	8¾d.	4½d. Occupier 2¾d.

In some time a local measure will come into operation, applotting Grand Jury cess upon the Poor Law valuation in the city of Cork, but as the tax will continue to be paid by the occupier, the relative burthen of an assessment raised by cess, and poor rate continues the same.

The influence of the Poor Law in diminishing the funds for medical relief has been very great. In Limerick, Mr. Barrington built an hospital, without any public aid, and presented it to the city. When this hospital was opened in 1831, the income from subscriptions was 800*l.*, but for the last two years the subscriptions do not amount to 30*l.* yearly. The hospital is capable of accommodating 100 patients, and at present 12 beds can be with difficulty maintained. Mr. Barrington states that the excuse for discontinuing the subscriptions invariably is, "being obliged to pay poor rate." Sir Robert Ferguson states that in the North of Ireland there is a very general feeling that under the present system the residents and charitable persons are paying more than their fair share, while many of the non-residents escape, and he would therefore be glad to transfer the funds for medical relief from the Grand Jury cess to the poor rate. The medical institutions which have most heavily suffered from a diminution of the funds, on account of the introduction of the poor law, are the infirmaries. Subscriptions will always be readily given for fever hospitals, when the appearance of fever in a neighbourhood, alarms the wealthier inhabitants for their own personal safety, and dispensaries will be maintained through the private influence and exertions of the medical attendants, who have so direct an interest in upholding them.

		INCOME—								
		Cork North Infirmary.						South Infirmary.		
		£.	s.	d.				£.	s.	d.
1840.	. . .	1,369	9	2	. . . . .	1,092			6	10
1841.	. . .	1,139	14	11	. . . . .	944			10	3
1842.	. . .	834	7	8	. . . . .	997			17	8
This shows a falling off in two years, £629		10 8								

This shows a falling off in two years, £629 10 8

Last assizes the grant to the Cork County Infirmary at Mallow, was very much reduced, and a few days after there were 117 applications for admission. Unless some immediate change is made in the manner of supporting infirmaries, the poor of Ireland will so be deprived of *in-door* medical relief for every description of disease except fever.

In the table showing the number of persons who received *in-door* medical relief, and the distance of residence from the institution into which they were received, it appears that 60,678 patients were admitted into the fever hospitals and infirmaries in one year, of which 13,360 were from a distance beyond five miles—nearly one-fourth.

In that year 2,099 intern patients were admitted into the Cork North and South Infirmaries, of which 1,016 were city patients, and 1,083 from beyond five miles. The cost upon the city of Cork for the relief of stranger patients was more than 1,400*l.* The majority of these alien sick came into the city utterly destitute. After having been some time in hospital, they went out in an enfeebled state, and there being no means of sending them to their homes they were obliged to become inmates of the House of Industry; thus, by the operation of the poor law, the city of Cork has been taxed in both ways for their sick persons. Taxed in the first instance by having the infirmary funds absorbed by strangers, who had no claim upon the citizens, and taxed in the second

instance by these persons becoming a permanent charge upon the electoral division of the city. Any system of public relief can never be equitably administered, which does not so far embrace the principle of settlement, as to enable the establishment at which relief is given to persons not belonging to the district, to charge the expense of the same to that union, or electoral division, in which the recipient of the relief had been for twelve months a resident. In determining the liability for the funds for providing relief for the sick, great embarrassment would be avoided by putting the tax generally upon the poor law unions, and not limiting the charge to the electoral divisions. The poorer divisions are, generally speaking, those in which the greater extent of sickness prevails, and by distributing the tax over a larger proportion of property, it would bear less oppressively upon those districts least able to bear it. Such an arrangement would secure a proper allocation of medical establishments, for while the wealthier districts are provided with institutions for relieving the sick, the poorest parts of the country are left destitute of the means of giving medical assistance.

Whilst the local government's conduct and management of the several establishments for giving public medical relief, should be vested in elective bodies, freely chosen from the rate-payers, it would be essential, in order to secure uniformity of action, and regularity of detail, that a central governmental authority, responsible to Parliament, should exercise a general control and superintendence over all the medical institutions, supported by public assessment.

On the Connexion between Statistics and Political Economy. By
Professor LAWSON, T.C.D.

[*Read before the Statistical Section of the British Association at Cork, 21st Aug., 1843.*]

THE professor began with remarking, that statistics present nothing but a dull and barren show of figures, until united with the principles which belong to political economy. The former study bears to the latter the same relation which experimental philosophy bears to mathematics. Political economy, though a mixed science, yet has its abstract part, and the application of the principles thence derived to facts, lead us on to new truths. Statistics afford at once the materials and the test of political economy. The professor then adduced an example of the way in which statistics frequently correct political economy. In Edinburgh, the proportion of marriages to the whole population, is 1 in 136. In Leith, however, where the population is of much humbler grade, the proportion is 1 in 110. Again, in Perth, there is 1 marriage in 159 inhabitants; while in Dundee, which is a much poorer place, there is 1 in 111 inhabitants. Thus statistics prove that poverty is not a check on marriage, though political economists have always assumed that it is. We find another example in the doctrine of profits and wages, which Mr. Ricardo, followed by other political economists, held to be antagonistic, the increase of wages diminishing profit, and *vice versa*; whereas Mr. Senior, on looking to facts, found that wages and profits usually rise and fall together. Mr. Ricardo's error, in this instance, is traceable to ambiguity of expression. While statistics afford materials and a test to political economy, the latter points out the proper object of statistical inquiry, and draws conclusions from their results.